Ageing in the UK Now

A Snapshot of Current Research

The Beth Johnson Foundation (BJF)

The Beth Johnson Foundation (BJF) is a national charity dedicated to making 'a future for all ages'. We want everyone to enjoy a great later life, which means we as a society need to make changes at a strategic and practical level. Conducting cutting edge research, advising policy makers, and initiating pioneering age-friendly programmes, the Beth Johnson Foundation is at the forefront of making these changes happen.

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Introduction

This short report, *Ageing in the UK Now,* is an opening review of areas where organisations interested in the field of ageing can make a significant impact, and assist in understanding where future initiatives might be focused. It is effectively a scoping exercise outlining areas of research and developing practice relevant to the UK's ageing sector, and mapping these against the wider political and social agenda.

At this stage this report should be viewed as very much an introduction to this area, and a snapshot on what is going on. It will be especially helpful to those who are new to the area of ageing. This can be used as a tool that can be used to begin to explore relevant topics to the field of ageing. Part of our report also includes a bibliography and a compendium of resources.

Our intention at Beth Johnson (BJF) it to grow and expand on this opening review, update it on a continuing basis and also produce a regular bulletin which provides information on new research and developing themes in areas relevant to ageing.

Context

This piece of work is a timely contribution as the UK is becoming an increasingly ageing population:

- 23.2 million people aged 50 years and over , over a third of the total UK population

- 11.4 million people aged 65 or over in the UK.

- 1.5 million people are aged 85 or over

Since the 1950s the population of the United Kingdom has become increasingly diverse. For example, black and minority ethnic (BME) groups make up over 8% of the population of England aged 60 and over; between 600,000 and 840,000 lesbian, gay and bisexual people over are the State Pension Age in the UK; and there are 14 million grandparents in the UK (*ref – Age UK *Later Life in the UK* report). As such, patterns of migration and changing social attitudes have had profound impact on the life experiences of older people.

What is more, following the financial crisis of 2008 cuts to public expenditure occurred on an unprecedented scale. As a result, health and social care services are being reconsidered as the impact on individuals and communities is something which those responsible for public policy need, and wish, to understand.

Encouragingly, over the last decade, there has been a profound change in public policy under which people who need social care are no longer seen as passive recipients of benefice, but as experts in their own condition and assets within communities.

Methodology

A range of sources were utilised in completing this scoping exercise and this final Summary Report. An in depth examination of the current work in 15 top university based ageing research centres was completed, 20 organisations/research projects within the UK that have an ageing focus, as well as an additional 12 'Ageing Better' websites that provide the general public with guidance and research in this field.

For each Research Centre, Organisation or website a list of all relevant peer reviewed journal articles and reports (2014-present, excluding all bio medical research) which yielded 103 documents/research papers. Where relevant, both books, authored by leading staff in the field, as well as current research available in the public domain – available on line, were included in this scoping exercise. Finally, an in depth exploration of the current work and priorities of leading policy and research organisations in the field of ageing was also included in the scoping exercise.

What material was deemed relevant and included in the final review was based on two factors: our extensive experience in the field and its fit within the framework put together by the Beth Johnson Foundation (BJF).

The overall mandate for this review was to provide research support to the development of the Beth Johnston Foundation's strategy. In pursuit of these objectives, a scoping exercise, outlining the key present areas of research relevant to the UK's ageing sector, and mapping of these against the wider political agendas in society, was produced. This final Summary Report identifies the areas where organisations within the ageing field can make a significant impact, and understand where future initiatives might be focused.

Age friendly is a theme running throughout this report and is the basis of much of the work of BJF. 'Age friendly' has been defined by the World Health Organisation as: 'An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves. Many cities and communities are already taking active steps towards becoming more age-friendly'

Summary of cross-cutting themes

The key points from this scoping exercise are set out below. However it is clear that there are some themes that cut across several areas of research: These include:

- Making communities age friendly is seen as key to managing many of the issues implicit in an ageing society;

- Planning for later life so that people are prepared for ageing is emerging as a significant priority for both older adults and people working in the field of ageing;

- Government and service providers see technology as one of the main solutions to managing difficulties with ageing at an individual and societal level;

- Identifying the cohort of older people who are vulnerable, frail and potentially high users of services and targeting them with preventative services is emerging as a major focus in the field of ageing;

- Society has changed radically, both demographically and in attitudes to/of older people. Concurrently, the older people in the UK are a diverse portion of the population; meeting the needs of such a diverse population need to clearly target specific cohorts of older people to work.

- Family structures have changed significantly over the past few decades with there being more generation in each family but with fewer people in each generation. Similarly, the number of older people without adult children may have implications for support and care at a time when central Government is insisting on families, especially adult children, to do more;

- Austerity and recent cuts to local government demonstrate a real need to build community and personal resilience as it is unlikely that people will be able to rely on state provision being available except to those most in need.

Theme 1
Attitudes to ageing

Key messages from the research:

- How people perceive age and ageing has a significant impact on their experience of old age and whether they face it positively or negatively.

- People's perceptions of age and ageing are based on a wide range of very complex factors. While age gender and ethnicity are important factors in this equation, it is becoming more widely understood that it is an individual experience rooted in an individual's own life histories.

- Age stereotypes in the media still pervade with low levels of coverage of topics related to active ageing in newspapers and older people being under-represented in magazine and TV advertisements.

- An Intergenerational approach to combatting ageism is needed – in order to improve attitudes to ageing in younger populations, we need to understand the types of interventions to improve knowledge and better understand what types of contact with older people would be most effective in reducing 'ageing anxiety'.

- The concept of "resilience" and whether this can be taught has gained traction in the field of ageing. Resilience in older age is the ability to stand up to adversity and to 'bounce back' or return to a state of equilibrium following adverse episodes.

- Research to understand attitudes towards older people with individuals other than healthcare professionals, particularly policymakers, is needed in order to effect a greater impact on social inclusion and participation of older people in society.

- In order to improve attitudes to ageing among healthcare professionals, we need to increase training opportunities with older people in order to increase confidence and to challenge negative stereotype.

- Researchers need to engage in a dialogue with both social and traditional media to challenge inadvertent negative portrayals of older people. Media campaigns can provide realistic and positive images of ageing, as well as educational information on active ageing, which may be beneficial for both young and old audiences.

- Ageism remains endemic and there remains minimal coordinated action to combat it.

Improving attitudes towards ageing has been seen within policy documents as one means of improving the participation and contribution of older people within society. It is important, therefore, to understand the factors that underpin attitudes towards ageing in order to inform strategies and policies as a foundation for facilitating active participation of older people in society.

An examination of the key social and cultural drivers of changes affecting older people suggests the importance of generational influences on contemporary later life as well as the role of the 'new' old and the 'new ageing' in resetting many of the assumptions about what matters to people in retirement and what new cohorts of retired people may expect in the future. This recalibration of later life will impact all spheres of life, from citizenship to shopping and from personal relations to politics.

Theme 2
Housing and neighbourhoods

Key messages from the research:

- The majority of older people live in mainstream housing which is often too big for their needs, can become difficult to maintain and does not meet standards around accessibility.

- A third of older people would like to downsize or have considered it but have found that either there is not a suitable property for them to move in to or that the psychological and physical barriers are too difficult to overcome on their own and the support they need to overcome them is not available.

- Specialist housing for older people is no longer going to meet the expectations of the the next generation of older adults.

- There is an increased focus on cohousing or collaborative housing from older people, housing providers and local government. More specifically, as family structures and society has changed cohousing is being seen as a way to recreate a local community.

- Most people want to remain in the neighbourhood they currently live in. Consequently, neighbourhoods and communities need to become more age friendly to facilitate this.

- There has been considerable investment in adaptive and assistive technology to help older people remain in their homes but so far this has not translated into mass take up by individual older people.

- There are many handyperson and home improvement schemes that can offer both minor repairs to older people. However, public funding has come under pressure many have had to increase the amounts they charge or risk going out of business.

Housing has become a significant focus on political agenda over the last few years. No government in recent times has been able to meet their own housebuilding targets and there is agreement on the part of local government and housebuilders that the lack of suitable housing and support for older people exacerbates the problem. Given the current state of public finances. It is likely that innovation in housing development may arise in areas where local authorities receive central government grants to redevelop estates and increase density.

After a decade of social policy in which personalisation (having some choice and control of one's life) has been a main driver, government is keen to explore ways in which older people can be supported in age friendly communities.

Making communities age friendly is seen as the way to manage some of the issues raised but as will be seen in the demographics section below older people are not homogenous and making communities age friendly will require a multi layered multi-factoral approach.

Theme 3
Loneliness and isolation

Key messages from the research:

- Key risk factors which lead to loneliness and isolation are poor health, being widowed and living alone.

- Factors previously thought to have a significant effect on loneliness and isolation- living in a rural area and poverty – are now thought to not be such reliable indicators.

- Being a member of an ethnic or minority social group, for example LGBT, has been found to make people more vulnerable to loneliness and isolation.

- Personality – some older people believe their open character helps them avoid loneliness. Indeed some research suggests that personality can play a part.

- Psychological response – some older people believe a negative attitude and lack of personal resilience could contribute to loneliness. However, the research has revealed that lonely adults are more likely to have poorer social skills and feel anxious about participating in social interactions.

- Environmental factors – lack of transport, living in an urban area with a high population turnover and not living near familycan lead to loneliness and fewer opportunities for social interaction.

- Life events, traumas and transitions – the most commonly cited example of a life event that can lead to loneliness was bereavement. However, research shows becoming a carer can also make us particularly vulnerable to loneliness and social isolation.

- Personal circumstances – being childless, living on a low income, experiencing poor health and mobility, and the loss of our sight and/or hearing can also increase our risk of loneliness and isolation.

Loneliness is a concept which has developed traction with central government, the NHS and local government. There are many social enterprise start-ups seeking to utilise the potential of technology to keep older people connected, over considerable distances, with friends and family. These developments are relatively recent and it is likely that research findings will emerge over the next three to five years. For example, tech companies are developing domestic sensors which are used to monitor the movement and activities of frail and vulnerable people in their homes.

However, it is important to note that the % of older people reporting that they are lonely has remained static since the 1940s at between 6-13%. Therefore, higher incidence of loneliness and isolation is primarily due to increases in the overall number of the ageing population.

Initiatives to combat loneliness such as home visiting, telephone befriending, lunch clubs, community groups etc have been around for many decades now but it would appear have actually had little impact on reducing that overall %. Consequently, new approaches, rooted in a greater understanding of loneliness and isolation, is needed.

Theme 4
Demographics

Key messages from the research:

■ As the population of older people grows and longevity increases, older people must not be seen as a homogenous group. Therefore, research on ageing is increasingly based on a combination of chronological and social factors. For example the – Centre for Better Ageing uses six cohorts of older people:

- Thriving Boomers

- Downbeat Boomers

- Can Do and Connected

- Worried and Disconnected

- Squeezed Middle Aged; and

- Struggling and Alone.

■ It has long been recognised that that there are significant differences between men and women's experience of ageing. As working life becomes less physical and determinants of health, such as cessation of smoking or obesity, are affecting both genders, research is focusing on psychosocial differences.

■ Following patterns of post-war migration, minority/migrant community experiences of ageing are now becoming more extensive. Research is looking not only at comparisons between minority and white British older populations, but differences between minority populations whose migration happened for different reasons.

■ Much work is focusing on how and whether in multi-ethnic, multi-faith communities, where children and young people mix at school or in work places, are older people similarly integrated. It seems that much depends on the communal social structures of minority communities.

■ Legislative and social change over the last fifty years have led to the current situation in which there is for the first time a significant, visible LGBT older population. Whilst for many, the challenges of old age are the same as most heterosexual people, many will have lived through times when their sexuality was criminalised or have faced discrimination within families and at work. Public and charitable services are becoming more inclusive and this is having a positive effect of physical and mental wellbeing.

Government continue to be interested in the implications of a diverse ageing population for social cohesion and resilience, specifically – how clusters of older people with shared interests and concerns can build social support. The financial services industry continues to explore the potential for products designed to meet groups of older people, especially those with assets which they wish to manage effectively.

The diversity of older people presents a challenge to the ageing field – how do they engage with a population that spans 40-50 years and 2 or 3 generations with different resources, attitudes and needs.

Theme 5
Family and caring

Key messages from the research:

- As the older population grows and people are living longer, often with several comorbidities, patterns of employment and caring are changing. Whilst women still undertake the largest share of caring responsibilities, men are increasingly looking after older parents.

- Most care for older people is not provided by the state or private agencies but by family members, at an estimated value of £55 billion annually. However, as the baby-boomer generation ages, a growing 'family care gap' will develop as the number of older people in need of care outstrips the number of adult children able to provide it.

- Patterns of wealth and assets between generations (older people and household assets) are undergoing rapid and radical transformation. Older people, especially those with property, face the prospect of assisting children and grandchildren with funding of education and housing.

- Grandparents as Carers – The extent of grandparental childcare is considerable and has grown significantly with grandparents becoming the single biggest source of childcare after the parents themselves.

- Family structures are changing and that is having an impact on care:

  - More women working

  - More people without children

  - More divorce/step families / rise in co-habitation

  - Beanpole family – more generations, with fewer members and stronger ties.

- There is a growing interest in intergenerational fairness and the distribution of assets and wealth between older and younger generations.

A growing family care gap means that the number of older people in need of care is predicted to outstrip the number of family members able to provide it for the first time in 2017. By 2032, 1.1 million older people in England will need care from their families – an increase of 60 per cent – but the number of people able to care for older parents will have increased by only 20 per cent, creating a shortfall in our collective capacity to care for older generations. This 'generation strain', could become either a source of increasing anxiety or

an opportunity to make progress, in terms of both raising the value we place on care as a society and transforming the way we care for each other.

Increasingly, older people themselves take on a caring role, often for a partner or spouse. While younger generations will remain the main source of informal care, the biggest increases in carer numbers are among those aged 65 and over. In particular, older people are now far more likely to be providing intense care of 50 hours a week or more. However, relying on older people to provide care for others will have inevitable repercussions in terms of the support needs of carers themselves. Older carers may well have their own care needs and disabilities that could hinder their ability to take on a greater caring role, and caring may negatively affect their own wellbeing. If carers are to have healthy and fulfilling lives in older age, more must be done to ensure that there is adequate support in place from health and care services both for older carers and for the people they care for.

Simultaneously, there are estimated to be 14 million grandparents in the UK and it is expected that one third of the adult population will be a grandparent by 2020. England's ageing population has resulted in grandparents playing an increasingly important role in the lives of their grandchildren. Exploring the dynamics of these relationships is crucial in order to create a complete understanding of various behaviours across the life course.

Theme 6
Health and social care

Due to the fact that this is such an extensively researched and written about area, it is being broken down into sub themes:

Integration of services

Integration of health and social care services has been a mantra of central and local government since the 1990s. Every reform of the NHS since 1997 has had integration as a stated objective. The Health and Social Care Act returned public health to the NHS in an effort to tackle the determinants of ill-health. The Care Act extended the legal responsibility of local authorities to plan and deliver care in cooperation with the NHS, as well as other statutory agencies such as housing and the police. Despite all this, there is no agreed definition of what integrated care is in practice, although there are specific areas where integration has been developed for over ten years.

Researchers have looked at integration from the perspective of service planners, commissioners, GPs and of older people themselves. Researchers are also looking at the impact of personal budgets on integration. Whilst there are plenty of examples of local or small scale co-ordination, especially when services are co-located, system-wide integration and improvement of care remains to be realised.

Government continues to incentivise integration by mechanisms such as the Better care Fund, but the biggest impact comes from the funding gap in social care which is expected to be £3bn by 2020. The situation is so unsustainable, and the potential knock on to NHS services, that there is a growing clamour for an independent commission on the future of health and social care.

Residential care

The population of older people in residential care has remained fairly static despite the overall numbers of older people increasing dramatically. As a result, the residential care sector in the UK is in crisis. Local authority fees have traditionally been low and not keeping pace with prices. Providers, many of which were bought by hedge funds in times when property was the underpinning security, are going out of business. Some residential care providers are trying to offset this by working with the NHS to provide step down or re enablement beds but this then begs the question of how that impacts on the people for whom residential care is their permanent home.

Further questions have also been raised about the legal status of residents and whether or not they are tenants with legal rights after a number of people have been asked to move relatives in the wake of a complaint. It has also been identified that increasing numbers of residents from residential homes are being admitted to AandE as homes do not have the staff ratios or skills to manage health issues and calling an ambulance has now become the default response.

Furthermore, residential care as a brand has been badly tarnished by years of scandals; however there are initiatives, such as Myhomelife.org.uk, which are attempting to reverse this by piloting and disseminating good practice and transparency.

Funding social care

Cuts to local authority budgets have seen significant reductions in the number of people receiving social care. Approximately 1.86 million people over the age of 50 in England (1 in 10) have unmet care needs – an increase of 120,000 people (or 7%) since 2008/9.

This is coupled with the fact that recommendations from the Dilnot Commission have not been implemented – leaving continued uncertainty around the funding of social care.

Central government is distancing itself from this problem by handing over responsibility and local council tax raising powers to local government. Data from 326 Local Authorities shows that local Councils with the highest concentration of older people and unpaid carers will be the ones that will bring in the least amount of money from the 2% council tax precept. At this stage questions such as how health and income inequalities are to be addressed remain unanswered.

Frailty

There has been an increase in focus on frailty and ageing. Frailty, defined as "elevated risk of catastrophic declines in health and function", is commonly associated with:

- Increased age

- Poverty

- A history of chronic disease

- Poor living conditions

- Smoking

- Obesity

- loneliness

The NHS is particularly interested in this work as people they have determined to be frail consume significant NHS resources.

Prevention

It has long been recognised that preventative services that encourage older people to live healthily and offer low level practical support can prevent ill health and a reliance of services later in life.

Preventative social care services, despite a wealth of evidence showing their success and benefit, have been severely reduced due to cuts in local authority budgets and the corresponding knock on effect to the third sector who provided the majority of such services.

Personalisation

Personalisation has been at the core of social care and now health services. Providing people who meet the criteria with a personal budget to address their needs was seen as a way of providing choice and control to individuals and delivering better outcomes.

However, due to the cuts in social care budgets and stricter criteria, personal budgets are now limited and generally of a small amount. The amount of bureaucracy surrounding them is very large and falls generally to the carer to manage as support services for personal budgets have also been cut. The evidence of success, especially in terms of older people, is limited and study sizes small.

Nevertheless, the government have continued to drive personal budgets forward and extended them into the NHS.

Delayed discharge

Cuts in social care have meant a huge increase in people remaining in hospital when medically fit to leave. Research has primarily focused on whether residential and nursing homes can help with getting people out of hospital quicker. The evidence is that they can but the impact is relatively low. The main issue remains the lack of community support.

Declining and ageing workforce

The workforce in the NHS is ageing; – 47% are aged over 50 and is chronically short of nurses. The social care workforce is heavily dependent on migrant labour; 1 in 5 of the adult social care workforce (18.4%) in England was born outside of the United Kingdom, which includes 150,000 working in residential care homes and 81,000 working in adult domiciliary car.

Nearly 1 in 20 (4.8%) of positions in adult social care in England are currently vacant – nearly twice the vacancy rate in UK's labour force as a whole (2.6%). The Care Quality Commission recently warned of the effect of staff shortages on the safety and quality of social care provision.

At the same time, a rapidly ageing population and significant cuts to social care funding are placing the sector under immense pressure. The number of people aged over 80 is expected to double in size to over 5 million by 2037 and social care funding has been reduced by nearly 11% in the last five years.

Theme 7
Pensions and finance

Key messages from the research:

- The private pension saving environment in the UK has evolved dramatically over recent decades. Both the number of older people with private pensions, and the types they have, has changed significantly.

- How much income an older person received from their defined contribution pension could depend just as much on the choices they make at the point of annuitisation as on their earlier contribution and investment decisions.

- The nature of retirement has changed from a few years at the end of life, often in poverty, to a period of 20 plus years, which for many (though not all) is increasingly characterised by relative financial security. Older consumers are now a large and growing part of our economy.

- Changes to pension freedoms gave people unrestricted access to their pensions. So far the warnings that older people would "blow" their pots haven't been realised – round £2.5 billion has been paid out in lump sum payments, with an average payment of just under £15,000. However it is still too soon to see what the future impact will be.

- Rather than spending their kids inheritance on holidays and leisure, older people spend decreasing amounts on non-essentials .

- On average retirees think they have a 70% chance of leaving an inheritance of £50,000 or more.

- There is a concern that too many people are relying on the state pension to fund their retirement without understanding how much they will have to live on. While 'pensioner poverty' has been falling over the past 15 years, this trend will not continue without increased saving.

- Despite the importance of long-term planning for retirement, many individuals report having given little thought to the future. Nearly 60% of individuals aged between 50 and 64 years report that they have never thought about how many years of retirement they might need to finance.

- Changes and proposed changes to pensions make it difficult to foresee what will happen but it is likely many more people particularly women will not get a full state pension .

The current government is continuing the process of deregulating pensions which started under the previous administration. Interest now centres upon the behaviour which older people will exhibit. How will older people use the new freedom to spend pension assets, and in particular will older people use it to restore equity between generations.

Ensuring adequate retirement incomes for all generations is one of the biggest long term economic challenges facing the UK. Rising life expectancy means that people will need to save more for the future as well as work for longer, all the while choosing the right combination of financial products and services to meet their changing spending needs. The new world of pensions is radical and presents a number of opportunities for both retirees and the pensions industry. However, with greater flexibility and opportunity comes greater responsibility and older people will need more help than ever to guide them to the outcomes that are most suitable for them. By fostering greater understanding in individuals, providing more flexible ways to accumulate and de-cumulate money, working with employers and encouraging greater innovation in the retirement industry, older people will be better able to achieve a comfortable retirement.

Over one million people aged over 65 are in work. However, benefits like the state pension still make up over 40% of an average pensioner's income – a figure that has varied little over 15 years. With a quarter of the population relying heavily on the state to fund their retirement, the cost will become a larger burden on the working population. While the Government is steadily increasing the state pension age, and has plans to link it formally to longevity, more needs to be done to encourage older people to stay in work and stay contributing to the economy. Not only will working-age taxpayers feel the brunt of an older population but a failure to address the need for people to work longer could result in a reversal of the gains made in pensioner poverty over the past two decades.

'The generational equity debate' has often focused on the negative challenges of ageing, such as the need for increased expenditure on pensions. Such systems are dependent on the concept of intergenerational solidarity, an integral part of the UK's economic and social system. Current concerns are primarily economic – with the focus on older and younger generations sharing or competing for scarce resources. These concerns around intergenerational equity are exacerbated by on-going commentaries, especially in popular media and political debate, about the so-called breakdown of the social contract between the generations. In the context of the current economic climate, it seems increasingly unlikely that this debate will be resolved any time soon. However, whichever side of the debate one might favour, society will have to re-balance the needs of an ageing population while also tackling new difficulties faced by other age groups to ensure that all generations are treated fairly and equally.

Theme 8
Dementia

Key messages from the research:

- Dementia currently represents one of the greatest challenges to our economic, health and social care landscape. With no known cure and with limited treatments available, dementia is redefining our individual and collective experience of ageing.

- Much dementia research is medically focused e.g. NHS national Institute for Health research states "Every 3.2 minutes someone develops dementia in the UK … The only way to beat the condition is through medical research".

- There is a move towards more research focused on communicating better with people with dementia, understanding their experience and how care can be improved;

- People over the age of 55 fear being diagnosed with dementia more than any other condition with at least 1 in 4 people hiding their diagnosis, citing stigma as the reason;

- The issue of stigma is widely acknowledged as a serious challenge for people with dementia and their carers at the individual, family and societal level – serving as a barrier to access care, support and treatment. However, limited attention has been focused on the origins of this stigmatisation and the challenges it has posed.

- Many Minority Ethnic (ME) communities do not view the symptoms associated with dementia as being due to a progressive brain disease of old age and this can lead to greater stigmatisation in these communities. Different ME communities have different explanations for what causes dementia – such beliefs add to stigmatisation as the person with dementia is considered "at fault" and is blamed for their condition.

- There is a growing recognition of the need for people with dementia to be supported to continue to work and for employers to be given tools and techniques to help with this process.

- People with dementia are becoming more vocal and demanding the right to speak on their own behalf and share platforms on an equal basis. There is a concerted campaign to remove the word "sufferer" when writing or discussing dementia to ensure the people with dementia are seen as equal and not victims.

- A gendered approach and response to dementia is now required with women disproportionately bearing the burden of dementia. Older women now face a 'triple jeopardy' as a result of the associated stigma attached to their age, gender and decline in cognitive functions.

There are currently 860, 000 people with dementia in the UK and this is projected to rise to 1.2 million by 2025. As a result, awareness of dementia and support for people with dementia has been at the forefront of political attention and debate in the UK over the last decade. Despite the rising profile of dementia in public discourse, attitudes remain that dementia is, and should be accepted as, an inevitable part of the ageing process. The stigma associated with dementia remains a significant problem, pervading many aspects of life for people with dementia and their carers, and hindering progress in diagnosis, treatment, care and prevention of dementia.

The stigma for dementia can take many different forms, including a lack of priority given to the individual's quality of life or other medical conditions because of their dementia diagnosis and a belief by some in society that the lack of a cure for dementia means that it should not be an area of attention for highly-skilled medical interventions and research funding. Fear of being stigmatised may also result in self-regulated exclusion, which may prevent people from planning for the future, or accessing treatments available to improve symptoms or slow down the progress of the disease.

Theme 9
Technology

Key messages from the research:

- 4.8 million people aged over 64 have never used the internet, raising concerns about participation in some important aspects of daily life in what is becoming an ever more digitised society. However, Between 2010 and 2013, the proportion of older adults with internet skills grew, and more people aged 65 to 74 reported improved internet skills over the same period.

- Evidence demonstrates that physical and cognitive accessibility of several ICT devices and services remain barriers to use for many older adults.

- Some older adults commonly express ambivalence about ICT and are reluctant to allow it to encroach too much into their daily lives. Many older adults believe the internet to be a threat to their privacy. ICT has the potential both to help and to harm social networking: it can help alleviate feelings of loneliness by bridging geographical distance from family members and friends, but it could also lead to the breakdown of traditional forms of social interaction.

- Older adults benefit from using ICT applications such as email and Skype to remain in contact with their family members and friends. However, ICT is often used to reinforce existing social contacts, rather than to build new ones.

- ICT use on the effects on quality of life are mixed. Some studies show how individuals gain a sense of accomplishment and improved self-esteem from using ICT, while other studies show little or no improvement on, for example, measures of mental well-being. Older adults who use ICT appear to experience positive impacts on their level of participation in volunteer, social, religious and political activities, clubs and organisation.

- Incorporating ICT into the delivery of health and social care services is one strategy being explored with a lot of anticipation that ICT-based services such as telecare and telehealth will develop to provide timely, personalised services to individuals, while providing reassurance to family members and carers and also remaining socially affordable. Robust evidence to date does not support that anticipation.

- Many older adults receive ICT equipment or service subscriptions from family members, particularly from their adult children. Perceptions of the affordability of ICT appear to be rooted in long-established spending patterns and consumer habits, and many older adults – regardless of income – perceive ICT to be a luxury.

Many express or reveal a reluctance to spend money on items that need continual updates and maintenance. Perceptions of affordability affect perceptions of the benefits of ICT.

- There are a number of projects using technology to increase the participation of older people in civic and social life. The objective is to build trusted digital platforms which enable citizens to engage with local government across a range of service areas, including public health, social care and local democracy.

Theme 10
Over-50 employment

Key messages from the research:

- Older workers are often considered valuable employees because of their knowledge, skills and experience.

- There are currently 9.4 million workers in the UK today who are over the age of 50 and while the employment rate of older workers has increased significantly in recent years, there is still a 64 percentage point drop in the employment rate between the ages of 53 and 67.

- Managing an ageing workforce requires additional training to maximise the potential and contribution of older workers. Older workers will need appropriate motivation to retain them in employment. Programmes are required to enable managers to gain these skills.

- Improved design of work systems, including equipment and the organisation of work, could make use of the existing extensive knowledge base of the needs and capacities of older workers.

- Evaluation of the impact (benefits) of workplace interventions and designs for older workers is needed.

- Designers of infrastructures (including technology) should consider co design/ participatory approaches as essential when considering older workers.

- Work system interventions based on one workplace factor alone are unlikely to be sufficient to demonstrate a significant effect. This is because work is a complex sociotechnical system with interrelated dependencies.

- Sector-specific policy is needed as the requirements appear to vary significantly across industrial work sectors. This is particularly noticeable where technology is advancing rapidly or where physical work demands remain high.

- The health and social work, education and public administration are most at risk of skills shortages. This is because they are not only highly reliant on older workers (approximately one third of their workforces are over 50), but also struggle more than other sectors to remain attractive places to work for older workers. Manufacturing, construction and transport and storage sectors all have at least a third of workers aged over 50.

- More than a million people aged over 50 who are forced out of work involuntarily. Barriers to returning to work, such as age-related bias and poor understanding among employers of the needs of older workers, are leading many to seek self-employment.

- Older workers will increasingly be protected against age discrimination by policies and practices.

- There will be increasing older worker demand for part-time and flexible work;

- Training demand will increase to enable workers to have skills relevant to changing work environments.

- Stereotypes change slowly and older workers may continue to be negatively affected in the near future. Over time, however, increased positive older worker information, and demographic change, will hopefully begin to challenge and reduce negative stereotypes.

- Uncertainty relating to changes to retirement practice will reduce over time. By 2040 retirement decisions should be driven by employee choice, or be performance-related, and be less influenced by expectations of a 'normal' retirement age.

Available research underpins the view that maintaining older people in employment is necessary in order to reduce demand on public expenditure. As state pension age increases, ensuring that older people are appropriately skilled to remain active in the labour force is key. There is also recognition that older people, although they may face age discrimination, have the relevant skills and experiences to create new businesses. People aged over fifty are now more likely to be entrepreneurs than people aged 18 -29. Whether this is long term trend, or simply a reaction to the loss of large numbers of public sector jobs, is not yet clear.

Theme 11
End of Life

Key messages from the research:

- End of life care is an ageing issue – Approximately 80% of those who die each year are people aged over 65. One third of all deaths are people aged 85 and over, but only 15% of those who receive specialist palliative care are in this age group.

- Defining when someone is dying/at the end of life is complex, varying between that last year of someone's life and the final weeks, days or even 24 hours;

- People would like doctors to talk to them more about dying and what will happen;

- Family and friends often struggle to discuss wishes about death in advance. Bereavement support for families should be included as part of end of life care but availability is currently fragmented and inconsistent around the country. Family members and carers are too often left inadequately supported yet could be helped if there were greater awareness amongst health and social care staff of the impact of bereavement, as well as universal access to bereavement services.

- Assumptions are often made that older people manage bereavement better because being old they expect it leading t less support being available to them;

- Evidence shows that 85% of older people who die in hospital would have preferred to die in another setting – at home, but did not because of lack of services available in the community. Consequently, a major point of interest has been in helping to develop services that support people's preference to be cared for and die at home rather than in hospital.

- Policy on end of life care has, until relatively recently, focused on specialist palliative care for people dying with cancer. As the population ages, more people live and die with long-term and life threatening conditions such as organ failure and dementia. Planning is required to meet this demand in health care and community settings.

- There is increasing interest in end of life care in social care settings and the contribution of social care practitioners and others, particularly those supporting very old people. However, the majority of end of life care research takes place in health care settings, such as hospitals, and/or is led by health professionals or health-based researchers. Future research in this field must consider end of life in a range of settings – specifically, residential and long-term care settings, as well as people's homes and community settings.

With unprecedented numbers of people living longer and with higher expectations of how they will live out their final years, the management of end of life services is being brought into sharper focus. Current models of end of life care have originated from the hospice and palliative care movement whose expertise developed primarily with cancer patients is now being looked to for guidance in developing end of live practice for older people (with a non-cancer diagnosis) dying from a variety of causes such as Alzheimer's. The care that older people receive at the end of their lives has a profound impact not only upon them but also upon their families and carers. At the most difficult of times, their experience will be made worse if they encounter poor communication and planning or inadequate professional expertise. Providing high quality end of life care for older adults presents particular challenges because of the need to co-ordinate and integrate the wide range of services involved across health and social care. Consequently, all staff who provides palliative and end of life care to people with life limiting conditions should receive training in advance care planning, including the different models and forms that are available and their legal status. What is more, further research into measuring the quality of end of life care and the priorities that matter most to people with terminal illnesses, their families and carers, is needed.

Conclusion

Most of the topics above have been known about for some time but what has changed dramatically is the economic situation and the demographics i.e. much great numbers of older people. Pressure to find solutions with fewer resources and more people is immense. The other key factor is the changing expectations and lived experiences of older people. It is more important than ever to see the differences within the older population and treat older adults as a homogenous group.

This pressure means there is a massive amount of research being done along with provocation papers, policy reviews, conferences, seminars and projects. Keeping up with current thinking and research is vital for organisations if they wish to remain relevant and innovative players in the field of ageing.

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Online resources

Below we provide a compendium of relevant Internet sources and sites sorted into headings, with a brief annotation for each site. This brief compendium lists organisations who either carry out research or contribute to original thinking/ideas on areas of interest. Most of the references used are taken direct from relevant sites etc and are expressed in the organisations own words.

We have listed those universities with the biggest focus on ageing; most of these are multidisciplinary and include bio medical and genetic research along with attitudes to ageing, care, income, housing etc.

It's important to note that every university in the UK is doing some research on ageing no matter how small. The volume of research being produced in the field of ageing is enormous and one of our tasks at BJF is to make sense of this and summarise it our audience.

We have made every effort to include links to particular research reports/documents where possible but the websites of the organisations vary enormously and it has not always been possible to include them

Cross-cutting

Centre for Ageing Better

http://www.ageing-better.org.uk

Key contacts: Dr Anna Dixon, Chief Exceutive: anna.dixon@ agebetter.org.uk
Catherine Foot, Director of Evidence: Catherine.Foot@agebetter.org.uk

Notes: The Centre for Ageing Better is an independent charitable foundation working to help everybody enjoy a good later life.

Our approach is based on evidence – we develop, share and apply evidence to help people age better. We bring fresh thinking to the challenges and opportunities that everyone faces as more people live longer. We are focused on change and support projects that can make a difference to later lives. Working in partnership with people and collaborating with a diverse range of organisations, we create measurable change for the long-term.

The centre is focusing on employment, housing and neighbourhoods and managing life changes. It recently announced a partnership with Greater Manchester to develop and share innovative approaches to tackling social, economic and health inequalities in later life.

Centre for Policy on Ageing

http://www.cpa.org.uk

Key contact: Gillian Crosby, Director: gcrosby@cpa.org.uk • +44 (0) 20 7553 6500

Notes: The Centre for Policy on Ageing, established in 1947 by the Nuffield Foundation, has a long and distinguished record as an independent charity promoting the interests of older people through research, policy analysis and the dissemination of information.

The Centre aims to raise awareness of issues around all aspects of ageing and to support good practice. Its overarching focus is to discover and advocate what older people themselves want and need.

An important and unique aspect of the Centre's work is to act as a hub to encourage the creative exchange of thinking and information on ageing issues. A key element of this work is making knowledge on ageing issues widely accessible to share learning and underpin policy initiatives to support older people. CPA collaborates with national and local government, practitioners, the academic community, voluntary groups and older people to sustain a network of learning around ageing.

Research: CPA's policy and research work covers a broad range of issues having an impact on ageing and older age, including health and social services, residential care, social support, independent living, financial inclusion, housing and lifetime neighbourhoods, and rights and risks. In particular it is concerned with the analysis of public policy as it affects older people, research into related issues and the promotion of good practice in service design and provision.

English Longditudinal Study on Ageing (ELSA)

http://www.elsa-project.ac.uk

Key contact: Nina Rogers, ELSA Project Manager: n.rogers@ucl.ac.uk

Notes: The English Longitudinal Study of Ageing (ELSA) is a unique and rich resource of information on the health, social, wellbeing and economic circumstances of the English population aged 50 and older. The current sample contains data from up to six waves of data collection covering a period of eleven years.

The ELSA includes objective and subjective data relating to health and disability, biological markers of disease, economic circumstance, social participation, networks and well-being.

The multidisciplinary and longitudinal nature of the data allows for the examination of complex relationships and causal processes.

The data held by ELSA is accessible for free on line as are the completed reports carried out by researchers.

Foresight 'Future of an ageing population' Project, analysing the challenges and opportunities of an ageing society.

https://www.gov.uk/government/collections/future-of-ageing

Key contact: Professor Sarah Harper, Director, Professor of Gerontology and Senior Research Fellow Nuffield College: sarah.harper@ageing.ox.ac.uk
+44 (0) 1865 612800

Notes: The average age of the UK population is expected to increase significantly over the coming decades. This change will bring both challenges and opportunities for central and local government, with impacts on a wide range of public services.

The 'Future of an ageing population' project is providing state of the art scientific evidence to government. This evidence is intended to form the basis for a range of policies and actions to:

- maintain wellbeing throughout life, for all individuals regardless of their generation

- improve quality of life for older people and enable them to participate more fully in society

- ensure everyone can access the tools and facilities to help them live a long and healthy life.

Independent Age

http://www.independentage.org

Key contact: Simon Bottery, Director of Policy and External Relations: simon.bottery@independentage.org

Notes: A voice for older people. We are a charity that is an established voice for older people. We were founded 150 years ago and have 1,500 volunteers across the UK & Ireland. We are experts in what we do and all our services are free. We provide Advice, Befriending and Campaign on behalf of older people.

Over the last 5 years Independent Age have become one of the leading lights in the age sector. They were a founder of the campaign to end loneliness and the care and support alliance and are now the go to organisation for the media when they want comments on policy around ageing.

Research: Independent Age carries out research on a range of themes including Health and social care, loneliness, pensions and benefits and relationships between the generations.

2016 research: http://www.independentage.org/campaigning/policy-and-research/research-reports/

2015 research: http://www.independentage.org/campaigning/policy-and-research/research-reports/2015-research-reports/

2014 research: http://www.independentage.org/campaigning/policy-and-research/research-reports/2014-research-reports/

The International Longevity Centre – UK

http://www.ilcuk.org.uk

Key contact: Sally Bamford, Research and Strategy Director: sallymariebamford@ilcuk.org.uk

Notes: The International Longevity Centre – UK (ILC-UK) is a futures organisation focused on some of the biggest challenges facing Government and society in the context of demographic change.

The ILC covers a wide range of issues in its research which is usually funded by the private sector though they work closely with Age UK and independent age

Research:

- **Care.** With more people living longer, there is increased pressure on carers, hospitals and nursing homes. ILC-UK explores how to fund and best deliver care in the context of an ageing society.

- **Communities and Housing.** Providing decent housing in times of demographic change represents a key challenge for policy-makers worldwide.

- **Dementia.** Commensurate with population ageing the number of people with dementia across the world is set to increase.

- **Economics of Age.** The International Longevity Centre – UK explores the economic impact of an ageing society.

- **Equality and Human Rights.** The inalienable concepts of Equality and Human Rights are of growing importance to older people.

- **Future of Age.** The International Longevity Centre members are concerned not just about the impact of demographic change today but the future opportunities and challenges which come from an ageing society.

- **Health.** ILC-UK explores how, in an ageing society, we can best deliver healthcare. We explore the state of health of the older population.

- **Intergenerational.** Outside family networks many people are segregated by age in all stages of their life; in education, housing and community, the workplace, and even health and social care.

- **Longevity.** As advances in medicine, and improvements in living standards have taken place, more people have been able to live for longer.

- **Nutrition and Hydration.** A healthy diet is an important part of a healthy lifestyle for people of all ages.

- **Older Consumers:** The consumer market is important to older people, providing (and influencing) the food we eat and the medications we take. The private sector help us fill our leisure time and support our learning and personal development.

- **Pensions.** Decent pensions provision for people in later life is one of the hallmarks of civilisation.

- **Quality of Life.** While longevity increases, those who are living longer are at risk from a lower quality of life. A poor quality of life might refer to issues with health, social isolation, economic restraints or a number of other problems.

- **SOS 2020 Health.** Sustainable Older Society 2020 Health is the ILC-UK's programme of work looking at fostering innovation to create financially sustainable health and social care systems across the globe.

- **Technology.** New technology could help transform the lives of older people. ILC-UK explore the role of technology in the context of demographic change.

- **Transport.** ILC-UK researches how transport systems can best support the mobility, independence and quality of life of older people.

- **Work and Retirement.** In an ageing world, the process and nature of retirement is changing. In most parts of the world, the next generation of retirees will be healthier, and will live longer, than any previous generation

Jospeh Rowntree Foundation

www.jrf.org.uk

Key contact: Dr Emma Stone, Director of Policy and Research: emma.stone@jrf.org.uk

Notes: The Joseph Rowntree Foundation is an independent organisation working to inspire social change through research, policy and practice.

Research:
- **Cities, Towns and neighbourhoods:** https://www.jrf.org.uk/cities-towns-and-neighbourhoods

- **Housing:** https://www.jrf.org.uk/housing

- **Income and benefits:** https://www.jrf.org.uk/income-and-benefits

- **Ageing Society:** https://www.jrf.org.uk/people/ageing-society

- **Retirement:** https://www.jrf.org.uk/work/retirement

National Centre for Social Research – British Social Attitudes Survey

http://www.natcen.ac.uk

Key contacts: Kirby Swales, Director of Survey Research Centre: Kirby.swales@natcen.ac.uk

Notes: As Britain's leading centre for independent social research, we have over 40 years' experience of listening to the public and making sure their voice is heard.

The research we do helps government and charities make the right decisions about the big issues and we're passionate about ensuring its widest possible impact on the world around us.

Research: Research covers a wide range of areas and most is available to download from their website: communities, families, equality and diversity, health and wellbeing, housing, income and work, social and political attitudes, transport.

Also do the British Social Attitudes Survey: http://www.bsa.natcen.ac.uk/?_ga=1.188355371.2079464937.1457449863

And run HSCIC the Health and Social Care Information Service: http://healthsurvey.hscic.gov.uk/support-guidance/public-health/health-survey-for-england-2014/

New Dynamics of Ageing

http://www.newdynamics.group.shef.ac.uk

Key contact: Professor Alan Walker – Programme Director, NDA Team. Contact via his PA Sarah Howson: s.f.howson@sheffield.ac.uk • 0114 222 6490

Notes: The New Dynamics of Ageing Programme is a eight year multidisciplinary research initiative with the ultimate aim of improving quality of life of older people. The programme is a unique collaboration between five UK Research Councils – ESRC,EPSRC, BBSRC, MRC and AHRC – and is the largest and most ambitious research programme on ageing ever mounted in the UK.

Research:
- **Dignity in Care:** http://www.newdynamics.group.shef.ac.uk/dignity-in-care.html

- **Healthy Ageing Across the Life Course** (HALCyon Project): http://www.newdynamics.group.shef.ac.uk/halcyon-project.html

- **Transitions, Choices and Health at Older Ages** – life course analyses of longitudinal data: http://www.newdynamics.group.shef.ac.uk/longitudinal-data.html

- **Look At Me!** Representing self – representing ageing: http://www.newdynamics.group.shef.ac.uk/look-at-me.html

- **Mobility and Ageing:** New metrics for exploring the relationship between mobility and successful ageing:
http://www.newdynamics.group.shef.ac.uk/mobility-and-ageing.html

- **PUS** – Older people's use of unfamiliar space:
http://www.newdynamics.group.shef.ac.uk/unfamiliar-space.html

- **Quality of Life** – Psychometric testing of the multidimensional older people's quality of life (OPQOL) questionnaire and the causal model of QoL underpinning it:
http://www.newdynamics.group.shef.ac.uk/quality-of-life.html

- **Rural Ageing** – Grey and pleasant land? An interdisciplinary exploration of the connectivity of older people in rural civic society:
http://www.newdynamics.group.shef.ac.uk/rural-ageing.html

- **SUS-IT** – Sustaining IT use by older people to promote autonomy and independence:
http://www.newdynamics.group.shef.ac.uk/sus-it.html

- **Working Late** – Strategies to enhance productive and healthy environments for the older workers:
http://www.newdynamics.group.shef.ac.uk/working-late.html

Attitudes to ageing

Age Action Alliance Attitude to Ageing

http://ageactionalliance.org/theme/attitudes-to-ageing

Key contact: Gillian Peel, Age UK Darlington:
Gillian.peel@ageukdarington.org.uk • 01325 362832

Notes: Attitudes to ageing are fundamental to ageing well. This theme brings together useful resources, thinking and activity to promote better attitudes and opportunities for older people to be valued, heard and able to participate in an age friendly society.

Housing and neighbourhoods

Housing Learning and Improvement Network

http://www.housinglin.org.uk

Key contact: Jeremy Porteus, Director
j.porteus@housinglin.org.uk • 020 7820 8077

Notes: The Housing Learning and Improvement Network (LIN), formerly responsible for managing the Department of Health's (DH) Extra Care Housing capital programme, is the leading 'knowledge hub' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing with care for older people.

Loneliness

Campaign to End Loneliness

http://www.campaigntoendloneliness.org/loneliness-research

Key contact: kellie@campaigntoendloneliness.org.uk

Notes: The Campaign to End Loneliness inspires thousands of organisations and people to do more to tackle the health threat of loneliness in older age. The Campaign to End Loneliness is a network of national, regional and local organisations and people working together through community action, good practice, research and policy to ensure that loneliness is acted upon as a public health priority at national and local levels.

Campaign to end loneliness has a strong focus on research and developing an evidence base for what works and produce a quarterly research bulletin: http://www.campaigntoendloneliness.org/research-bulletin

Research: The Campaign to End Loneliness Research Hub exists to increase and develop the evidence base on the issue of loneliness in older age. The Research Hub works to:

- Identify gaps and debates in the academic research on loneliness and isolation

- Create new research for the benefits of both practitioners and academics

- Contribute to a quarterly Research Bulletin, to keep all supporters up to date with the latest research into loneliness and isolation

Publications that summarise the evidence base on loneliness include:

- *Loneliness – The State We're In*

- *Safeguarding the Convoy*

- *Tackling Loneliness – A Role for the Arts*

- SCIE Research Briefing 39: *Preventing Loneliness and Isolation: Interventions and outcomes*

Family and caring

Carers UK

http://www.carersuk.org

Key contacts: Emily Holzhausen OBE, Director of Policy and Public Affairs: emily.holzhausen@carersuk.org

Notes: Carers UK is the leading organisation for carers across the UK carrying out research and supporting carers through its national helplines.

Research: They have an online policy and research library where all their research is publslhed and accessbible:
http://www.carersuk.org/for-professionals/policy/policy-library

Ageing without Children

www.awoc.org

Key contacts: Kirsty Woodard: ageingwithoutcholdren@gmail.com

Notes: An organisation for people over 50 ageing without children

Research: AWOC carried out a survey of people ageing without children in 2015
(http://awoc.org/survey-findings) and jointly with BJF is publishing *Our Voices*, a report detailing the lived experiences of people ageing without children. They are also pursing research on the wider family networks of people ageing without children.

Health and social care

The Kings Fund

http://www.kingsfund.org.uk

Key contacts: Richard Humphries, Assistant Director, Policy:
r.humphries@kingsfund.org.uk
Rachael Addicott, Senior Research Fellow, Policy:
r.additcott@kingsfund.org.uk

Notes: The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

Research: Their research is mainly concerned with the politics of the NHs and social care and the mechanics of how it works at a local level as well as service redesign and horizon scanning

Service redesign: http://www.kingsfund.org.uk/topics/service-redesign

Integrated care: http://www.kingsfund.org.uk/topics/integrated-care

Quality of care: http://www.kingsfund.org.uk/topics/quality-care

Social care: http://www.kingsfund.org.uk/topics/social-care

British Geriatrics Society

http://www.bgs.org.uk/

Key contacts: Colin Nee, CEO: ceo@bgs.org.uk • (0)20 7608 1369
President: Professor David Oliver

Notes: The British Geriatrics Society is the professional body of specialists in the health care of older people in the United Kingdom.

Membership is drawn from doctors, nurses, allied health professionals, scientists and others with a particular interest in the care of older people and the promotion of better health in old age.

It has over 2,750 members worldwide and is the only society in the UK which draws together experts from all the relevant disciplines in the field.

The BGS uses the expertise of its members to inform and influence the development of health care policy in the UK and to ensure the design, commissioning and delivery of age appropriate health services. The BGS works closely with other specialist medical societies and allies itself with age-related charities.

The BGS strives to promote better understanding of the health care needs of older people. It shares examples of best practice to ensure that older people are treated with dignity and respect and that wherever possible, older people live.

Research: The membership of the BGS have a string research focus and seminars, workshops and conferences are regularly held to disseminate learning and best practic: http://www.bgs.org.uk/index.php/research-71

They also produce a policy digest synthesising developments around particular issues affecting the health care of older people in England: http://www.bgs.org.uk/index.php/policy-digest-m

Dementia

Alzheimers Society

https://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200422

Key contact: Dr Doug Brown, Director of Research and Development: Doug.brown@alzheimers.org.uk

Notes: We are dedicated to defeating dementia through research. We fund research into the cause, cure, careand prevention of dementia, including Alzheimer's disease, to improve treatment for people today, and search for a cure for tomorrow.

Much of the research funded by Alzheimers Society is focused on medical causes, treatments and cures for dementia. The research listed above focuses on the care and treatment of people with dementia from a non-medical standpoint.

Research: The Alzheimers society funds research that looks at the prevention, cure and treatment of people with dementia.

Towards better care for people with dementia
Completed research :
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1677&pageNumber=5
Current research:
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1679&pageNumber=5

Employment

The Age of No Retirement

http://www.ageofnoretirement.org

Key contacts: Jonathan Collie, Co-Founder: jonathan@ageofnoretirement.org
+44(0)7887624385
Georgina Lee, Co-Founder: george@ageofnoretirement.org
+44(0)7802536793

Notes: The Age of No Retirement is an innovation and inspiration platform designed to move this agenda forward. We are about ambition, entrepreneurial spirit and results. Our goal is simple. An age-neutral, multigenerational world. How do we get there?

By working together. Business, government, the media, citizens — old and young.

To change the ageing narrative. From ageism and negative decline to optimistic potential.

Age is not a problem. It's a vital asset for our collective financial and emotional wealth.

The age of no retirement is a start up organisation which held an extremely well attended 2 day event in London in October 2014. Since then its visibility and profile have grown and it has been given development money by the Lottery.

Research: The Age of no retirement is developing prototypes to combat some of the key issues around ageing. The prototypes come from a common vision to rethink a future where we are living longer, more fulfilling lives. The prototypes cover work, product development, community, media, language, transport, education, multigenerational integration, health, money and much more.

The 50+ Customer prototypes.
http://www.ageofnoretirement.org/the-50-customer.html

One Life prototypes.
http://www.ageofnoretirement.org/one-life.html

Design prototypes.
http://www.ageofnoretirement.org/design.html

Work and Employment prototypes
http://www.ageofnoretirement.org/work--employment.html

End of Life

National End of Life Care Intelligence Network

http://www.endoflifecare-intelligence.org.uk

Key contact: Professor Julia Verne, Cliniccal Lead: jv15324@bristol.ac.uk

Notes: The Department of Health's National End of Life Care Strategy, published in 2008, pledged to commission a national end of life care intelligence network.

The network is tasked with collating existing data and information on end of life care for adults in England. This is with the aim of helping the NHS and its partners commission and deliver high quality end of life care, in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families.

The NEoLCIN plays a vital role in supporting the comprehensive implementation of the Government's End of Life Care Strategy.

Research: • Organisational and supporting processes

• Engaged, informed individuals and carers

• Person-centred coordinated care

• Health and care professionals committed to partnership working

Commissioning:
http://www.endoflifecare-intelligence.org.uk/resources/reseachproj

Universities

ARK Ageing Research Kings College London

http://www.kcl.ac.uk/health/research/divisions/cross/ark/index.aspx

Key contact: Professor Anthea Tinker, Professor of Social Gerontology:
anthea.tinker@kcl.ac.uk • +44 (0)20 7848 2747

Notes: Cross-faculty multidisciplinary consortium of investigators which brings together scholarship and research in ageing in several complementary areas. ARK represents King's world class excellence for research on the biology of ageing, from the basic mechanisms in biogerontology to clinical translation and the social impact of ageing.

The primary purpose of ARK is to enhance multidisciplinary research collaborations within King's to better understand the mechanisms of ageing and improving health-span. As ageing consists of complex systems at the level of biology, psychology and society, in order to understand the processes of ageing and the nature of old age itself, it is important to bring together learning and research from a number of key disciplines

Reasearch: **Ageing and society:** Current research projects include: an elder abuse prevalence study; spirituality and successful ageing; age-friendly cities; older couples and management of household finances; disruptions in family and work life (implications for older people);ageing of populations that traditionally did not survive childhood; ageing, health and support in developing countries; and the social impact and assessment of Falls Prevention Exercise programmes. The Institute's current research is focused on the following four main areas:

- Social and Family Care

- Lifecourse Influences on Health and Wellbeing

- Transitions in Health and Social Care

- Understanding Contemporary Ageing

http://www.kcl.ac.uk/health/research/divisions/cross/ark/society.aspx

Aston Research Centre for Healthy Ageing

http://www.aston.ac.uk/lhs/research/centres-facilities/archa

Key contact: Dr Karen West" k.west@aston.ac.uk
Wendy Overton, Centre Coordinator: w.g.overton@aston.ac.uk
0121 204 4134

Notes: To take a multidisciplinary approach to successful ageing by asking how technological, therapeutic and psychosocial strategies can be employed to understand and arrest age-related decline

Research:
- Dementia care, conversation and communication

- ExtraCare project

- Facilitating sport and exercise in older people and the impact on wellness and social functioning

- Older people's diet and alcohol consumption

- Quality of life and age-related macular degeneration

- Risk and safety issues for older adults

- Public policies that affect the lives of older people

- ExtraCare
  http://www.aston.ac.uk/lhs/research/centres-facilities/archa/
  extracare-project/

Brunel University Institute for Ageing Studies

http://www.brunel.ac.uk/chls/clinical-sciences/research/bias

Key contacts: Prof Mary Gilhooly, Executive Director: mary.gilhooly@brunel.ac.uk
+44 (0)1895 268756
Anna Liddle: anna.liddle@brunel.ac.uk • +44 (0)1895 268140

Notes: The Brunel Institute for Ageing Studies (BIAS) is a research centre and collaborative network bringing together staff from different schools in Brunel University for the purpose of conducting interdisciplinary research in gerontology.

Research:
- **Dare to Age Well** is a randomised controlled trial of a health information workshop for women over 65. We provide a one off health information workshop which involves a talk and discussion. Our intervention talk provides some specific information about key health concerns and is based on constructivist learning theory for older women and our control talk provides a more general overview of women's health issues. Women who are interested to help with the research are invited to sign up and we follow up their health every 3 months with telephone questionnaires for the next year.

  http://www.brunel.ac.uk/environment/themes/ageing-studies/research/research-projects/dare-to-age-well

- **Living well with dementia** (IDEAL) a longitudinal cohort study using a mixed methods approach to find out what social and psychological factors support or hinder the ability of people and their families to live well with any type of dementia or similar problems.

  http://www.brunel.ac.uk/environment/themes/ageing-studies/research/research-projects/living-well-with-dementia-ideal

- **Reimagining Loneliness** is a series of seminars to develop a 'second generation' research agenda and a more sophisticated approach to the study of loneliness. We aim to explore loneliness, empirically and theoretically, and embrace a much broader range of academic disciplines and populations to inform the development of policy and practice-based interventions.

  http://www.brunel.ac.uk/environment/themes/ageing-studies/research-projects/new-perspectives-on-loneliness-developing-theory,-methodology-and-evidence-practice

Dementia Services Development Centre – University of Stirling

http://www.dementia.stir.ac.uk

Key contacts: Professor June Andrews: june.andrews@stir.ac.uk
+44 (0) 1786 467740 • Mobile: 07906696341
Chair in dementia research Emma Reynish: emma.reynish@stir.ac.uk

Notes: Dementia Services Development Centre is an international centre of knowledge and expertise dedicated to improving the lives of people with dementia Drawing on research and practice, from across the world, to provide a comprehensive, up-to-date resource on all aspects of dementia.

The Centre works with individuals and organisations

- to improve the design of care environments

- to make communities dementia-friendly

- to influence policy and to improve services for people with dementia

The Centre works across eight domains :

- ideas

- education

- design

- housing

- creativity

- change

- communities

- information.

Research: Current research projects include work on:

- outcomes for people with dementia

- decision making for care provision

- innovations in care

- the roles of community-based care professionals

- the importance of the dementia-friendly neighbourhood

Keele Initiative on Ageing

https://www.keele.ac.uk/ageing

Key contact: Professor Miriam Bernard: m.bernard@keele.ac.uk

Notes: Keele University has been at the forefront of research, teaching and policy development in the field of ageing. One of their central objectives is to provide a sound evidence base for policy and practice so that research contributes to well-being and quality of life.

Research: Major Research Projects:

- **Ages and Stages** is a continuing research collaboration between Keele University and the New Vic Theatre exploring the impact of theatre on ideas about, and the experience of, ageing.

  https://www.keele.ac.uk/agesandstages

- **Call Me.** This project considers the role of community action in contributing to greater independence and social engagement among older residents of disadvantaged neighbourhoods

  https://www.keele.ac.uk/callme

Current Projects:

- Making Sense of History, Biography, and Health

- Ageing, drama and creativity

- Cultural value

- Late Life Creativity and the 'new old age'

- Theatre as a Pathway to Healthy Ageing

- Ageing without Children

- Longitudinal study of Ageing in a Retirement Community (LARC)

Lancaster University Centre for Ageing Research

http://www.lancaster.ac.uk/fhm/research/ageing/

Key contacts: Professor Sheila Payne: s.a.payne@lancaster.ac.uk
+44 (0)1524 593701

Notes: Ageing research within the University is led by the Centre for Ageing Research (C4AR) – a formally recognised Lancaster Research Centre that involves researchers from across the University.

The Centre aims to promote and conduct high quality interdisciplinary research and research-led teaching around ageing, older people and age-related disease, establishing Lancaster University as a leading regional, national and international centre of excellence for ageing research. The Centre brings together the work of over forty academics from seventeen different departments across the University, highlighting Lancaster's interdisciplinary strength in ageing research.

Together with Liverpool University, Lancaster formed LILAC The Lancaster and Liverpool Universities Collaboration for Public Health Research was founded by Professor Margaret Whitehead and Professor Jennie Popay in 2012. LiLaC's mission is to produce evidence on how to tackle inequalities in health through action on the upstream causes of inequalities

http://www.lilac-healthequity.org.uk

Research: • Palliative and end of life care. The University is home to the international observatory on end of life care

http://www.lancaster.ac.uk/fhm/research/ioelc/#research

- Place, health and well-being of ageing populations,

- Technologies for healthy ageing

  http://www.lancaster.ac.uk/fhm/research/centre-for-ageing-research-c4ar/#research

Leeds Beckett University Institute for Health and Wellbeing

http://www.leedsbeckett.ac.uk/research/research-areas/research-institutes/institute-for-health-and-wellbeing

Key contacts: Prof Alan White (mens health): A.White@leedsbeckett.ac.uk
0113 81 24358
Professor Jane South, Professor of Healthy Communities:
J.South@leedsbeckett.ac.uk • 0113 81 24406

Notes: The Institute for Health and Wellbeing exists to foster the generation of research and knowledge in specific areas relating to the health status of individuals, communities and nations.

Housing a range of related disciplines within a single unit allows innovation and collaboration to thrive as we know that the traditional solutions being applied to big problems are not working. New thinking and understanding is required reflecting the inter-connections between different aspects of life and different research disciplines.

Research:
- **Mens health** – leeds Beckett have pioneered work on the health of men of all ages

  http://www.leedsbeckett.ac.uk/research/research-areas/research-institutes/institute-for-health-and-wellbeing/mens-health/

- **Public and community engagement**

  http://www.leedsbeckett.ac.uk/research/research-areas/research-institutes/institute-for-health-and-wellbeing/public-and-community-engagement/

- **Wellbeing and public health**

  http://www.leedsbeckett.ac.uk/research/research-areas/research-institutes/institute-for-health-and-wellbeing/wellbeing-and-public-health/

- **Dementia care**

  http://www.leedsbeckett.ac.uk/pages/what-works/

Manchester Metropolitan University – Research Centre for Health, Disability, Ageing and Wellbeing

http://www2.mmu.ac.uk/research/our-research/health-and-social-care/hdaw

Key contacts: Head of Centre Professor Carol Haigh: c.haigh@mmu.ac.uk

Notes: Encompassing a wide range of research, looking at all aspects of healthcare and wellbeing; from the physiological through to social, community and diversity implications – The Research Centre for Health: Disability, Ageing and Wellbeing (HDAW) hosts a broad range of multi-disciplinary specialists engaged in both theoretical and applied research.

Research:
- Ageing and long Term conditions
- Disability and participation
- Health services and outcomes

University of Manchester: Manchester Institute for Collaborative Ageing (MICRA)

http://www.micra.manchester.ac.uk/research

Key contacts: Prof Christopher Phillipson, Institute Executive Director: christopher.phillipson@manchester.ac.uk • 0161 306-6970
Jo Garsden MICRA project co-ordinator (first point of contact): joanne.garsden@manchester.ac.uk

Notes: **Our aims:**

We're committed to research which supports our ageing population.

Providing an information hub for ageing research:

The Institute acts as an information hub for research on ageing at The University of Manchester. We link academics across the University and serves as an entry point for those interested in our research. As the UK's largest single campus University, Manchester boasts a comprehensive range of disciplines.

MICRA works with academics from any discipline interested in research on ageing, and promotes ageing as a focus for research. Areas include architecture, economics, engineering, history, life sciences, medicine and sociology. MICRA researchers are leaders in their fields in the UK and internationally.

MICRA is one of the foremost centres of ageing research both nationally and internationally. They work closely with Manchester City Council and will be evaluating the Ambition for Ageing work in Manchester.

Research: **Research themes:**
- **Engineering, environment and technology.** An important focus for research at Manchester concerns work targeted at making practical

differences to our living environment in later life.
http://www.micra.manchester.ac.uk/research/themes/engineering-
environment-and-technology/

- **Frailty, cognition and dementia.** This wide-ranging area encompasses
falls and bone health, dementia and wellbeing as well as research in
geriatric medicine and neurology:
http://www.micra.manchester.ac.uk/research/themes/frailty-cognition-
and-dementia/

- **Inequalities, health and well-being.** http://www.micra.manchester.
ac.uk/research/themes/inequalities-health-and-well-being/

- **Later life work, retirement and pensions**. Exploring work and
retirement and the economics of ageing is a significant area of interest
within MICRA, with research covering:

- **Workforce, retirement and later life working.** Pensions and
consumption

- **Economics of ageing populations.**
http://www.micra.manchester.ac.uk/research/themes/later-life-work-
retirement-and-pensions/

- **Public policy and care provision.** MICRA's research on public policy and
care provision considers:

- **Population ageing and demography**

- **Health and social policy**

- **Health economics**

- **Long-term care**

- **Social work**
http://www.micra.manchester.ac.uk/research/themes/public-policy-
and-care-provision/

- **Social and cultural change and later life**

- **Social and civic engagement**

- **Communities, families and inter-generational networks**

- **Arts, languages, cultures and ageing**

- **The history of ageing**
http://www.micra.manchester.ac.uk/research/themes/social-and-
cultural-change-and-later-life/

University of Newcastle Institute of Ageing

http://www.ncl.ac.uk/ageing

Key contacts: Institute Director Professor Louise Robinson , Director, Newcastle University Institute for Ageing and Professor of Primary Care and Ageing: l.robinson@ncl.ac.uk • +44 (0) 191 208 7013

Notes: The Newcastle University Institute for Ageing (NUIA) responds to the societal challenge of Ageing. We are seeking new ways to make the most of extensive opportunities associated with increasing human longevity, at the same time as solving some of the problems.

Research:
- **Live Well.** The LiveWell Programme is a multi-disciplinary collaboration based in Newcastle University and funded by the UK Research Councils and Health Departments through the Lifelong Health and Wellbeing (LLHW) initiative.

  The programme aims to develop and pilot an integrated suite of life-style based interventions to promote health and well-being in later life. http://www.ncl.ac.uk/ageing/research/better-ageing/life-course/#livewell

- **Living well with chronic illness.** The Newcastle 85+ Study was the first stage of the biggest population-based longitudinal study of health and ageing in the over-85s anywhere in the world. It provided new insights into health factors as the population becomes older http://www.ncl.ac.uk/ageing/research/better-ageing/living-well/#newcastle85+study

- **Enabling Environments and Technologies.** Our goal is to understand how the design of the physical and social environments in which we live and work, and the technologies we use, can promote wellbeing and support engaged citizenship in older people http://www.ncl.ac.uk/ageing/research/global-challenge/environment/

Oxford Institute of Population Ageing

http://www.ageing.ox.ac.uk

Key contacts: Professor Sarah Harper, Director, Professor of Gerontology and Senior Research Fellow Nuffield College: sarah.harper@ageing.ox.ac.uk • +44 (0) 1865 612800

Notes: The Oxford Institute of Population Ageing was established in 1998. Based on the US Population Center, it was funded by a grant from the National Institute of Health (National Institute on Aging – NIA) to establish the UK's first population centre on the demography and economics of ageing populations. It achieved Institute status in 2001.

Research:
- **Understanding Demographic Change** http://www.ageing.ox.ac.uk/research/programmes/understanding-demographic-change

- **Demography and Society**
  The Institute holds an extensive evidence base on communities, families and relationships between the generations
  http://www.ageing.ox.ac.uk/research/programmes/demography-society/

- **Demography and Economy**
  The Institute supports a wide range of research looking at the implications of demographic ageing for national and international labour markets, retirement practices and pension provision
  http://www.ageing.ox.ac.uk/research/programmes/demography-economy

University of Sheffield, Sheffield Institute for Studies on Ageing

https://www.sheffield.ac.uk/sisa

Key contacts: Professor Alan Walker. Professor of Social Policy and Social Gerontology: a.c.walker@sheffield.ac.uk • 0114 222 6466 (external)

Notes: Sheffield Institute for Studies on Ageing is a core group of specialists in gerontological research and training, who form a Section of the Division of Clinical Sciences in the Faculty of Medicine, and a cross-faculty network of academics in the University of Sheffield with active interests in gerontology.

The website for SISA is currently being upgraded and so it is not possible to provide links to their research

Research: **SIforAGE** – Social Innovation for Active and Healthy Ageing –project pursues innovation to strengthen cooperation among the stakeholders working on active and healthy ageing. It puts together scientists, end-users, civil society, public administrations and companies in order to improve the competitiveness of the European Union regarding the promotion of research and innovative products for longer and healthier lives.

University of Southampton Centre for Research on Ageing

http://www.southampton.ac.uk/ageingcentre/index.page

Key contacts: Maria Evandrou: maria.evandrou@southampton.ac.uk

Notes: Through high quality research, the Centre contributes to a better understanding of the experience of ageing amongst different groups and societies, which will in turn place us in a better strategic position to improve the quality of life of older people.

Research: **Summary of research projects:**
http://www.southampton.ac.uk/ageingcentre/research-projects/index.page?

- Characteristics of, and living arrangements amongst, informal carers at the 2011 and 2001 Censuses: stability, change and transition

- Fuel and food poverty among older people

- Pension protection for minority ethnic groups in Britain: determinants, prospects and policy implications

- ESRC-DFID-funded research on social protection and poverty alleviation: reviewing the evidence, assessing the impact and identifying the gaps

- Acceptability of and satisfaction with social care among South Asian groups (ASC)

- The Care Life Cycle

- Centre for Population Change

Swansea University Centre for Innovative Ageing

http://www.swansea.ac.uk/cia

Key contacts: Professor Vanessa Burholt: V.Burholt@swansea.ac.uk

Notes: The Centre for Innovative Ageing (CIA) provides a centre of excellence for research and training in the study of ageing. The CIA initiates, coordinates and supports ageing research within the University of Swansea and fosters collaboration between researchers in Swansea and those further afield (nationally and internationally).

Research: The current research on ageing conducted by Centre members falls into four broad topic areas:

- **Civic and social engagement and participation of older people.** Including: intergenerational relationships; social and support networks; civic participation and the disruption of these types of engagement based on personal (e.g. migration, psychological resources) and structural (e.g. multiple disadvantage, discrimination, national or local policies, transport) factors.

- **Environments of ageing** Including: natural and built physical space; functional design; community; housing; climate change and extreme emergencies caused by natural and human-made events.

- **Care provision for older people** Including: social care; health care; intermediate care; residential care; palliative and end of life care.

- **Chronic conditions, falls and prevention in old age** Including: falls; stroke; cancer; dementia; depression; health promotion

University of York Social Policy Research Unit

http://www.york.ac.uk/inst/spru/index.html

Key contacts: Health and Social Care (Adults) Research Group Research Director – Professor Yvonne Birks: yvonne.birks@york.ac.uk

Notes: The Social Policy Research Unit has an international reputation for excellence in research in social policy, especially health and social care, poverty, welfare and social work.

Research: **Housing**

The Centre for Housing Policy (CHP) is one of Europe's leading centres for interdisciplinary housing and social policy research, with interests centring on housing and social justice, housing and later life and the operation of housing markets.

CHP has a twenty-five year record of academically excellent and policy-relevant research, with measurable impacts on policy and services. We were ranked joint first in the UK for research impact in the 2014 Research Excellence Framework, as part of the Department of Social Policy and Social Work.

https://www.york.ac.uk/chp/expertise/homeownership/homeowners-poverty/

Health & Social Care (adults)

http://www.york.ac.uk/inst/spru/research/aoccurrent.html

Current research

- Disability, care and participation: secondary analysis of the Life Opportunities Survey and the 2009/10 Survey of Carers in Households

- Evaluating support for carers of people with dementia

- Exploring the role of workplace personal assistants for physically disabled people

- Models of reablement evaluation: a mixed methods evaluation of a complex intervention (The MoRE project)

- The SIgN project: Self-funders and Information Needs

- Supporting policy development and evaluating change: a fast response analytical facility

- Vision rehabilitation services: investigating the impacts of two service models

Recently completed and waiting for publication

- Evaluation of Tameside Cultural Arts Pilot Project

- Life story work with people with dementia: an evaluation

- Risk, safety and safeguarding: understanding and application of concepts and implications for integrated care services

NIHR School for Social Care Research

Current projects:

- Personalisation of home care for older people using managed personal budgets

- Risk, safety and safeguarding: understanding and application of concepts and implications for integrated care services

- The SIgN project: Self-funders and Information Needs

Completed projects:

- Care and support for people with complex and severe needs: innovations and practice. A scoping study

- People who fund their own social care: a scoping review

- Personalisation and carers: the roles of carers in assessment, support planning and managing personal budgets

- Risk, safeguarding and personal budgets: exploring relationships and identifying good practice

- Taking On and Taking Over: physically disabled young adults and their care and support arrangements

Ageing Better sites

These sites were funded by the Big Lottery fund to tackle loneliness and social isolation. All the ageing better sites have had a research element built into their programme evaluations. Most have only just begun work so as yet there research is unpublished but will focus on

- different approaches to tackling loneliness and isolation

- improving wellbeing

- bringing generations together

- effective coproduction

Age Better Sheffield

http://www.agebettersheff.co.uk/

Age Better Birmingham

https://www.bvsc.org/about-ageing-better-birmingham

Ambition for Ageing (Manchester)

https://www.gmcvo.org.uk/ambition-ageing

Time to Shine (Leeds)

http://www.opforum.org.uk/time-to-shine

Ageing Better in Camden

http://www.ageuk.org.uk/camden/ageing-better-in-camden

Age Friendly Island (Isle of Wight)

http://www.ageuk.org.uk/isleofwight/our-services1/age-friendly-island-lottery-programme

Ageless Thanet

http://www.sekgroup.org.uk/ageless-thanet/4586427559

Connect Hackney

http://hcvs.org.uk/index.php?category=14&sec=62&page=307

Ageing Well Torbay

http://www.torbaycdt.org.uk/core-work/project/?id=21985DD7-41F9-4BE9-9B68-A9A5B34FF98D

Britsol Ageing Better

http://bristolageingbetter.org.uk/about

Leicester Aageing Together

http://www.leicesterageingtogether.org.uk

Ageing Better Middlesbrough

http://www.ageingbettermiddlesbrough.org.uk